



February 17<sup>th</sup>, 2006

Ms. Grissel V. Diaz-Cotto  
Emergency and Remedial Response Division  
United States Environmental Protection Agency  
Region II  
290 Broadway, 19<sup>th</sup> Floor  
New York, NY 10007-1866

Re: January 2006 Discharge Monitoring Report  
Leachate Treatment Plant, Operable Unit 1  
Kin-Buc Landfill Superfund Site

Dear Ms. Diaz-Cotto:

The January 2006 Discharge Monitoring Report (DMR) for the Leachate Treatment Plant of Operable Unit 1, Kin-Buc Landfill Superfund Site, prepared by Veolia Water Operating Services is attached.

Should you have any questions concerning the DMR or other site items, please contact me at your earliest convenience at the Kin-Buc site.

Very truly yours,  
Veolia Water Operating Services  
On behalf of SCA Services, Inc.,

A handwritten signature in black ink, appearing to read "Glenn Grieb", written over a horizontal line.

Glenn Grieb  
Plant Manager

Enclosure

cc: Martha Goodwin – NJDEP  
Stephen Joyce – SCA Holding  
Carl Januszkiewicz – Waste Management  
Richard Hoyt – Veolia Water NA OS

562163



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION  
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDDES NO.  

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 \*NJ Permit Equivalent

REPORTING PERIOD  

M	o	Y	r.
0	1	0	6

M	o	Y	r.
0	1	0	6

PERMITTEE:      Name:      SCA Services, Inc.  
                          Address:      383 Meadow Road  
                                               Edison, New Jersey 08817

FACILITY:      Name:      Kin-Buc Landfill  
                          Address:      383 Meadow Road  
                                               Edison, New Jersey 08817  
                          Telephone:      732-572-4743

FORMS ATTACHED (Indicate Quantity of Each)

Operating Exceptions

SLUDGE REPORT-SANITARY  
 \_\_\_ T-VWX-007 \_\_\_ T-VWX-008 \_\_\_ T-VWX-009  
 \_\_\_ EPA Form 3320-1

DYE TESTING                      YES NO  
    \_\_\_ X

SLUDGE REPORT-INDUSTRIAL  
 \_\_\_ T-VWX-010A \_\_\_ T-VWX-010B

TEMPORARY BYPASSING                      \_\_\_ X

WASTEWATER REPORTS  
 \_\_\_ T-VWX-011 \_\_\_ T-VWX-012 \_\_\_ T-VWX-013

DISINFECTION INTERRUPTION                      \_\_\_ X

GROUNDWATER REPORTS  
 \_\_\_ T-VWX-015(A,B) \_\_\_ T-VWX-016 \_\_\_ T-VWX-017  
 \_\_\_ ELECTRONIC SUBMISSION

MONITORING MALFUNCTIONS                      \_\_\_ X

UNITS OF OPERATION                      \_\_\_ X

OTHER                      \_\_\_ X

NPDES DISCHARGE MONITORING  
1 EPA Form 3320-1

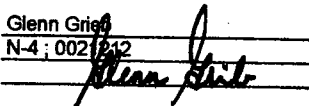
(Detail any "Yes" on reverse side in appropriate space.)

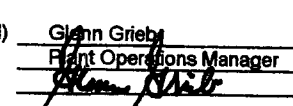
NOTE: The "Hours Attended at Plant" on the reverse of this sheet must also be completed.

AUTHENTICATION I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

LICENSED OPERATOR

PRINCIPAL EXECUTIVE OFFICER OR  
DULY AUTHORIZED REPRESENTATIVE

Name (Printed)      Glenn Griego  
 Grade & Registry No.      N-4 ; 0021212  
 Signature      

Name (Printed)      Glenn Griego  
 Title (Printed)      Plant Operations Manager  
 Signature      



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383 MEADOW ROAD  
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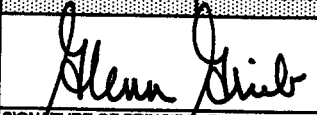
KIN-BUC LANDFILL  
EDISON, NEW JERSEY  
CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT  
PERMIT NUMBER

001  
DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
06	01	01	06	01	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW	SAMPLE MEASUREMENT	0.029900	0.034384	MGD	*****	*****	*****	***	***	continuous	flow meter	
	PERMIT REQUIREMENT	REPORT	ONLY		*****	*****	*****					
pH	SAMPLE MEASUREMENT	*****	*****	***	6.65	*****	7.70	S.U.	0	1/week	grab	
	PERMIT REQUIREMENT	*****	*****		6.0	*****	9.0					
PETROLEUM HYDROCARBONS	SAMPLE MEASUREMENT	*****	*****	***	*****	<1.05	<1.10	mg/l	0	2/month	grab	
	PERMIT REQUIREMENT	*****	*****		*****	10	15					
COD	SAMPLE MEASUREMENT	21.52	27.32	kg/day	*****	171	219	mg/l	0	2/month	comp.	
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT	ONLY					
BOD	SAMPLE MEASUREMENT	*****	*****	***	*****	<5.00	<5.00	mg/l	0	2/month	comp.	
	PERMIT REQUIREMENT	*****	*****		*****	55	220					
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	0.45	0.05	kg/day	*****	3.80	4.40	mg/l	0	1/week	comp.	
	PERMIT REQUIREMENT	REPORT	ONLY		*****	30	45(1)					
DISSOLVED OXYGEN	SAMPLE MEASUREMENT	*****	*****	***	9.23	*****	*****	mg/l	0	1/week	grab	
	PERMIT REQUIREMENT	*****	*****		4.0 MIN Instantaneous	*****	*****					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
Glenn Grieb Project Manager									732   572-4743		06 02 13	
TYPED OR PRINTED							AREA CODE		NUMBER		YEAR MO DAY	
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACHMENTS HERE)										

PERMITTEE NAME/ADDRESS

NAME

ADDRESS

FACILITY

LOCATION

ATTN:

SCA SERVICES, INC.  
383 MEADOW ROAD  
EDISON, NEW JERSEY 08817

KIN-BUC LANDFILL  
EDISON, NEW JERSEY  
CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT PERMIT NUMBER			001 DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
06	01	01	06	01	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BENZENE	SAMPLE MEASUREMENT	<0.00004	<0.00005	kg/day	*****	<0.35	<0.40	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.009	0.02		*****	57	134				
CHLOROBENZENE	SAMPLE MEASUREMENT	<0.00005	<0.00005	kg/day	*****	<0.40	<0.40	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.022	0.058		*****	142	380				
1,1 DICHLOROETHENE	SAMPLE MEASUREMENT	<0.00004	<0.00004	kg/day	*****	<0.30	<0.30	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.003	0.009		*****	22	59				
ETHYLBENZENE	SAMPLE MEASUREMENT	<0.00006	<0.00006	kg/day	*****	<0.50	<0.50	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.022	0.058		*****	142	380				
TETRACHLOROETHYLENE	SAMPLE MEASUREMENT	<0.00005	<0.00005	kg/day	*****	<0.40	<0.40	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.008	0.025		*****	52	164				
TOLUENE	SAMPLE MEASUREMENT	<0.00005	<0.00005	kg/day	*****	<0.40	<0.40	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	*****	0.011		*****	28	74				
1,2-TRANSDICHLOROETHYLENE	SAMPLE MEASUREMENT	<0.00005	<0.00005	kg/day	*****	<0.40	<0.40	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.004	0.009		*****	25	69				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				TELEPHONE		DATE			
Glenn Grieb Project Manager						732 572-4743		06 02 13			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE		NUMBER			
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACHMENTS HERE)									

PERMITTEE NAME/ADDRESS

NAME  
ADDRESS

SCA SERVICES, INC.  
383 MEADOW ROAD  
EDISON, NEW JERSEY 08817

FACILITY  
LOCATION  
ATTN:

KIN-BUC LANDFILL  
EDISON, NEW JERSEY  
CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT			001			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	01	01		06	01	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TRICHLOROETHYLENE	SAMPLE MEASUREMENT	<0.00005	<0.00005	kg/day	*****	<0.40	<0.40	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.004	0.010		*****	26	69			2/month	grab
VINYL CHLORIDE	SAMPLE MEASUREMENT	<0.00004	<0.00004	kg/day	*****	<0.30	<0.30	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	0.008	0.016		*****	52.8	106			weekly	grab
ACENAPHTHYLENE	SAMPLE MEASUREMENT	<0.00001	<0.00001	kg/day	*****	<0.10	<0.10	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
BENZO(A)ANTHRACENE	SAMPLE MEASUREMENT	<0.000025	<0.000026	kg/day	*****	<0.20	<0.20	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
BENZO(A)PYRENE	SAMPLE MEASUREMENT	<0.000008	<0.000008	kg/day	*****	0.06	0.06	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
BENZO(ghi)PERYLENE	SAMPLE MEASUREMENT	<0.000012	<0.000012	kg/day	*****	<0.09	<0.10	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
BENZO(k)FLUORANTHENE	SAMPLE MEASUREMENT	<0.000012	<0.000012	kg/day	*****	<0.095	<0.095	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)					TELEPHONE		DATE		
Glenn Grieb Project Manager							732 572-4743		06 02 13		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL/EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS

(REFERENCE ALL ATTACHMENTS HERE)  
<0.00017

PERMITTEE NAME/ADDRESS  
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SCA SERVICES, INC.  
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT PERMIT NUMBER	001 DISCHARGE NUMBER
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YEAR	MO	DAY	TO	YEAR	MO	DAY
06	01	01		06	01	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
IDENO(1,2,3cd) PYRENE	SAMPLE MEASUREMENT	<0.000011	<0.000011	kg/day	*****	<0.08	<0.08	ug/L	0	1/month	grab		
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab		
PHENANTHRENE	SAMPLE MEASUREMENT	<0.000009	<0.000011	kg/day	*****	<0.08	<0.08	ug/L	0	1/week	grab		
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	5.4(2)			weekly	grab		
ALDRIN	SAMPLE MEASUREMENT	<0.000001	<0.000001	kg/day	*****	<0.01	<0.01	ug/L	0	1/month	grab		
	PERMIT REQUIREMENT	0.000133	0.00025		*****	0.0875	0.176			monthly	grab		
4,4-DDT	SAMPLE MEASUREMENT	<0.000010	<0.000011	kg/day	*****	<0.010	<0.010	ug/L	0	1/week	grab		
	PERMIT REQUIREMENT	0.0000575	0.000146		*****	0.38	0.765			weekly	grab		
PCB-1242	SAMPLE MEASUREMENT	<0.000036	<0.000039	kg/day	*****	<0.30	<0.30	ug/L	0	1/week	grab		
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab		
PCB-1248	SAMPLE MEASUREMENT	<0.000024	<0.000026	kg/day	*****	<0.20	<0.20	ug/L	0	1/week	grab		
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab		
PCB-1254	SAMPLE MEASUREMENT	<0.000024	<0.000026	kg/day	*****	<0.20	<0.20	ug/L	0	1/week	grab		
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab		
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Glenn Grieb Project Manager													
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				732 572-4743		06 02 13					
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACHMENTS HERE)				AREA CODE NUMBER		YEAR MO DAY					

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CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT

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## MONITORING PERIOD

YEAR	MO	DAY
06	01	01

TO

YEAR	MO	DAY
06	01	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PCB-1260	SAMPLE MEASUREMENT	<0.000036	<0.000039	kg/day	*****	<0.30	<0.30	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
ARSENIC	SAMPLE MEASUREMENT	<0.000474	<0.000825	kg/day	*****	<3.94	6.90	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.813	6.926		*****	85.8	172			weekly	comp
CADMIUM	SAMPLE MEASUREMENT	<0.000058	<0.000103	kg/day	*****	<0.48	<0.80	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.0873	6.917		*****	48.2	112			weekly	comp
CHROMIUM	SAMPLE MEASUREMENT	<0.000343	<0.000449	kg/day	*****	2.92	3.60	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.836	0.860		*****	198	396			weekly	comp
COPPER	SAMPLE MEASUREMENT	<0.000438	<0.000477	kg/day	*****	3.7	3.7	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	10			weekly	comp
LEAD	SAMPLE MEASUREMENT	<0.001246	<0.004973	kg/day	*****	10.00	39.20	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	10			weekly	comp
NICKEL	SAMPLE MEASUREMENT	<0.002657	<0.003301	kg/day	*****	22.3	25.6	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.148	0.281		*****	924	1850			weekly	comp
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
Glenn Grieb Project Manager						732 572-4743		06 02 13			
TYPED OR PRINTED		AREA CODE		NUMBER		YEAR		MO		DAY	
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACHMENTS HERE)									



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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM  
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ZINC	SAMPLE MEASUREMENT	<0.001504	<0.002527	kg/day	*****	12.3	19.8	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.177	0.338		*****	1170	2350			weekly	comp
CYANIDE	SAMPLE MEASUREMENT	<0.001184	<0.001289	kg/day	*****	<10.0	<10.0	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.002	0.004		*****	13.2	26.4			weekly	comp
ALUMINUM	SAMPLE MEASUREMENT	<0.016772	<0.054671	kg/day	*****	135.2	424.0	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	1.40	2.81		*****	9240	18500			weekly	comp
IRON	SAMPLE MEASUREMENT	<0.007385	<0.012404	kg/day	*****	62.0	96.2	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	88.6	162		*****	532000	1070000			weekly	comp
ACUTE TOXICITY, (LC50)	SAMPLE MEASUREMENT	QUARTELY	REPORT	---	n/a	*****	*****	%	0		
	PERMIT REQUIREMENT	*****	*****		50(3)	*****	*****			see permit	equivalent
Ammonia	SAMPLE MEASUREMENT	*****	*****	---	*****	0.2750	0.4500	mg/l	0	*****	*****
	PERMIT REQUIREMENT	*****	*****		*****	4.9	19.8			2/month	comp
	SAMPLE MEASUREMENT	*****	*****	---	*****	*****	*****	---	---	*****	*****
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			*****	*****

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<p>Glenn Grieb Project Manager</p>	<p>I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 &amp; 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)</p>	<p><i>Glenn Grieb</i></p>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
					732	572-4743	06	02	13
TYPED OR PRINTED					AREA CODE	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACHMENTS HERE)							